

**04 FICAN 414**  
**NEVADA FINANCIAL DISCLOSURE STATEMENT**  
 (Attach additional sheets if necessary.)

**FILE**  
**MAY 07 2004**  
 DEAN HELLER  
 SECRETARY OF STATE

NAME Gary S. Seward Sr.  
 MAILING ADDRESS 4021 Galisteo Ct  
 CITY, STATE, ZIP N. Las Vegas, NV. 89032  
 TELEPHONE 702-259-0408

LENGTH OF RESIDENCE IN NEVADA 43 yrs  
 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE 4 1/2 yrs  
 NRS 281.571(1)(a)

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

Public Office	ANNUAL all elected and appointed public officers (no later than Jan. 15 each year)	CANDIDATE (no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate)	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days)
	NRS 281.559(1)(b) 281.561(1)(b)	NRS 281.561(1)(a)	NRS 281.559(1)(a)
State Assembly, Dist. 7	\$ N/A	N/A	<input checked="" type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

	Self	Household Member
Gary Seward Senior Social Security Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Donna F. Seward Clark County School Dist. Teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

	Self	Household Member
Donna Seward Sallie Mae - Student Loans	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
N/A	

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
N/A	\$
	\$
	\$
	\$
	\$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date:

5-3-04

Signature:

*[Handwritten Signature]*